

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V11371 (4)**

1. Corporation Name
TWISTER GYMNASIAC ACADEMY, INC.



Principal Place of Business: **990 S ROGERS CIR SUITE 7 BOCA RATON FL 33487**
Mailing Address: **990 S ROGERS CIR SUITE 7 BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **02/04/1992** 3a. Date of Last Report: **04/13/1995**
4. FEI Number: **65-0312227** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

**RAND, TIMOTHY C
5950 NW 66TH WAY
SUITE B200
PARKLAND FL 33067**

10. Name and Address of New Registered Agent

81 Name: **RANDALL P. SIKORA**
82 Street Address (P.O. Box Number is Not Acceptable): **354 Kingsbridge st**
83
84 City: **Boca Raton** FL 85 Zip Code: **33487**

11. Pursuant to the provisions of Sections 607.0507 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE: *Randall P. Sikora* DATE: **5/1/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAND, TIMOTHY C.	
STREET ADDRESS	990 S ROGERS CIR #7	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAND, TONI	
STREET ADDRESS	990 S ROGERS CIR #7	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RANDALL P. SIKORA	
1.3 STREET ADDRESS	990 S ROGERS CIR #7	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Randall P. Sikora*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **5/1/96** DAYTIME PHONE #: **407-994-4770**

CR2E034 (12/95)